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PTO/SB/01 (10-00)

Approved for use through 10/31/2002, OMB 0651-0032

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted With Initial Filing OR Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number		PU040276
First Named Inventor		Jill MacDonald Boyce et al.
COMPLETE IF KNOWN		
Application Number	/	
Filing Date	HEREWITH	
Group Art Unit		
Examiner Name		

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TECHINQUE FOR BIT-ACCURATE COMFORT NOISE ADDITION

the specification of which

(Title of the Invention)

is attached hereto

OR

was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

ApplicationNumber(s)	Filing Date (MM/DD/YYYY)	
60/511,026	October 14, 2003	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 4]

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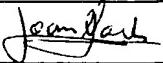
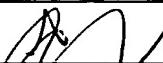
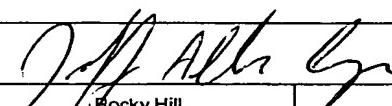
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DECLARATION — Utility or Design Patent Application

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Name	JOSEPH S. TRIPOLI		
Address	THOMSON MULTIMEDIA LICENSING INC.		
Address	PO Box 5312		
City	State	ZIP	
PRINCETON	NJ	08543-5312	
Country	Telephone	Fax	
USA	609-734-6834	(609) 734 - 6888	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name Jill MacDonald		Family Name Boyce or Surname	
Inventor's Signature <i>Jill MacDonald Boyce</i>			Date 10/28/04
Residence: City MANALAPAN	State NJ	Country US	Citizenship US
Mailing Address			
Mailing Address 3 Brandywine Court			
City Manalapan	State NJ	ZIP 08540	Country US
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name Cristina <i>Cristina</i>		Family Name Gomila or Surname <i>Gomila</i>	
Inventor's Signature <i>E.Gomila</i>			Date 10/18/04
Residence: Princeton	State NJ	Country US	Citizenship ES
Mailing Address			
Mailing Address 25C Chestnut Court			
City Princeton	State NJ	ZIP 08540	Country US
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>1</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.			

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DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet**Page 3 of 4

Name of Additional Inventor, if any		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Joan		Llach		
Inventor's Signature			Date <u>10/18/04</u>	
Residence: City	Princeton	State	NJ	Country
				USA
Citizenship			ES	
Mailing Address 25C Chestnut Court				
Mailing Address				
City	Princeton	State	NJ	ZIP 08540 Country USA
Name of Additional Inventor, if any		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Alexandros Michael		Tourapis		
Inventor's Signature			Date <u>12/25/04</u>	
Residence: City	West Widsor	State	NJ	Country USA
				Citizenship GR
Mailing Address 29212 Heather Drive				
Mailing Address				
City	West Windsor	State	NJ	Zip 08540 Country USA
Name of Additional Inventor, if any		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Jeffrey Allen		Cooper		
Inventor's Signature			Date <u>12/13/04</u>	
Residence: City	Rocky Hill	State	NJ	Country 08540
				Citizenship US
Mailing Address 11 Toth Lane				
Mailing Address				
City	Rocky Hill	State	NJ	Zip 08540 Country USA

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet**Page 4 of 4

Name of Additional Inventor, if any		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Peng		Yin		
Inventor's Signature			Date	11/04/2004
Residence: City	West Windsor	State	NJ	Country
Residence: City	West Windsor	State	NJ	Country
Mailing Address	65 Warwick Road			
Mailing Address				
City	West Windsor	State	NJ	Country
ZIP	08540		Country	USA
Name of Additional Inventor, if any		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Inventor's Signature			Date	
Residence: City	State	Country	Citizenship	
Mailing Address				
Mailing Address				
City	State	Zip	Country	
Name of Additional Inventor, if any		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Inventor's Signature			Date	
Residence: City	State	Country	Citizenship	
Mailing Address				
Mailing Address				
City	State	Zip	Country	

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PTO/SB/81 (11-04)

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	
Filing Date	HEREWITH
First Named Inventor	Jill MacDonald Boyce et al.
Title	TECHNIQUE FOR BIT-ACCURATE FILM GRAIN
Art Unit	
Examiner Name	
Attorney Docket Number	PU030282

I hereby appoint:

Practitioners at Customer Number
OR

Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

The above-mentioned Customer Number:
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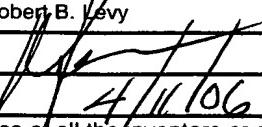
The address associated with Customer Number:
OR

<input checked="" type="checkbox"/> Firm or Individual Name	Joseph J. Laks, Vice President			
Address	THOMSON LICENSING INC.			
Address	P. O. BOX 5312			
City	PRINCETON	State	NJ	ZIP 08543-5312
Country	USA			
Telephone	609-734-6819	Fax	609-734-6888	

I am the:

- Applicant/Inventor.
 Assignee of record of the entire interest. See 37 CFR 3.71.
Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Robert B. Levy		
Signature			
Date	4/11/06	Telephone	609-734-6820

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.
Submit multiple forms if more than one signature is required, see below*.

*Total of 3 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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France

do hereby grant

Joseph J. Laks
Vice President
Thomson Licensing Inc.
Two Independence Way
Princeton, New Jersey 08540

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DATED this 14th day of February, in the year 2006.

Signature:

Typed Name As Signed:

Title:

Béatrix de Russé
Authorized Representative,
Vice-President Intellectual Property & Licensing

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THOMSON LICENSING

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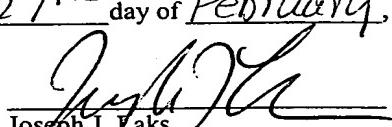
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DATED this 27th day of February, 2006.

SIGNED



Joseph J. Laks
Vice President
Thomson Licensing Inc. and
Attorney In Fact for
THOMSON LICENSING

WITNESS

